

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
**10/030597**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3				
5		①		1		
6	1		1			
7		1		1		
8		①		1		
9		1		1		
10		①		1		
11		①		1		
12		①		1		
13	1		1			
14		1		1		
15	1		1			
16		2		1		
17		①		1		
18		①		1		
19		1		1		
20	1		1			
21		1		1		
22		2		1		
23		2		1		
24		①		1		
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29	1		1			
30		1		1		
31		1		1		
32		3		1		
33		①		1		
34	1		1			
35		1		1		
36		2		1		
37	1		1			
38	1		1			
39		1		1		
40						
41		①		1		
42		①		1		
43		①		1		
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.						↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
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97						
98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.			29	↓		↓
TOTAL CLAIMS			38			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS